L21000215978

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(C	ocument Number)	
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COVER LETTER

	egistration Se ivision of Cor			
citib i cer		GISTICS, LLC		
SUBJECT	:	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		ANNELIE CABRERA		
			Name of Person	
		EAC LOGISTICS, LLC		
			Firm/Company	
		208 FIFTH AVE		
		- 	Address	······································
		LEHIGH ACRES, FL 339	36	
			City/State and Zip Code	
		ANNELIECR@LIVE.COM	1	
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
ANNELIE	CABRERA		786 400-3488	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration So	ection
Registration Section Division of Corporations		-	Division of Corporations	
	O. Box 632		The Centre of	
Га	allahassee, l	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAC LOGISTICS, LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) cd Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000215978</u> .	iny were filed on MAY 19, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR ERID CABRERA	208 FIFTH AVE		
		LEHIGH ACRES, FL 33936	Remove
			Change
MGR ANNELIE CABRERA	ANNELIE CABRERA	208 FIFTH AVE	■Add
	LEHIGH ACRES, FL 33936	□Remove	
			□Change
	<u> </u>		
			□Remove
		Change	
			🗆 🗖 Add
		Remove	
		-	Change
		□ Add	
			Remove
		Change	
		□ Add ;	
			□Remove
			[] Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ve date, if other than the date of filing: 05/19/2021 (optional)
e recor rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	5/19/2021
	Signature of a member or authorized representative of a member
	ANNELIE CABRERA
	Typed or printed name of signee